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| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 | Application or Docket Number <i>10 658735</i> |
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| CLAIMS AS FILED - PART I | | | | | SMALL ENTITY | OTHER THAN OR SMALL ENTITY | |
|--|---|---|---|------------------|--------------|-------------------------------|--|
| (Column 1) | | | (Column 2) | | TYPE | | |
| TOTAL CLAIMS | <i>46</i> | | | | RATE | FEES | |
| FOR | NUMBER FILED | | NUMBER EXTRA | | BASIC FEE | <i>385.00</i> | |
| TOTAL CHARGEABLE CLAIMS | <i>47</i> minus 20 = | | <i>27</i> | | XS 9= | <i>243.00</i> | |
| INDEPENDENT CLAIMS | <i>3</i> minus 3 = | | <i>-</i> | | X43= | | |
| MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/> | | | | | +145= | <i>145</i> | |
| | | | | | TOTAL | <i>773</i> | |
| | | | | | OR | TOTAL | |
| | | | | | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | |
| CLAIMS AS AMENDED - PART II | | | | | SMALL ENTITY | OTHER THAN OR SMALL ENTITY | |
| (Column 1) | | | (Column 2) | | (Column 3) | | |
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | = | X\$ 9= | |
| | Independent | * | Minus | *** | = | X43= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | +145= | <i>+290=</i> | |
| | | | | | TOTAL | <i>773</i> | |
| | | | | | OR | TOTAL | |
| | | | | | | | |
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | = | X\$ 9= | |
| | Independent | * | Minus | *** | = | X43= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | +145= | <i>+290=</i> | |
| | | | | | TOTAL | <i>773</i> | |
| | | | | | OR | TOTAL | |
| | | | | | | | |
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | = | X\$ 9= | |
| | Independent | * | Minus | *** | = | X43= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | +145= | <i>+290=</i> | |
| | | | | | TOTAL | <i>773</i> | |
| | | | | | OR | TOTAL | |
| | | | | | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3 | | | | | | | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" | | | | | | | |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3" | | | | | | | |
| The "Highest Number Previously Paid For" Total of Independent in the Highest number found in the appropriate fee in column 1 | | | | | | | |